

1234 Co. Hwy. 23
Richfield Springs
NY 13439
Phone: 315-858-9649
Fax: 315-858-9649



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REVOCATION OF POWER OF ATTORNEY WITH NEW POWER OF ATTORNEY AND CHANGE OF CORRESPONDENCE ADDRESS	Application Number	10/625,473
	Filing Date	
	First Named Inventor	Wightman, Craig
	Art Unit	
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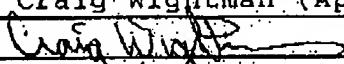
<input checked="" type="checkbox"/> Firm or Individual Name	Craig Wightman				
Address	1234 County Highway 23				
Address					
City	Richfield Springs	State	NY	Zip	13439
Country	United States				
Telephone	315.858.9649	Fax	315.858.9649		

I am the: 315.868.5996 cell

☒ Applicant/Inventor.

☐ Assignee of record of the entire interest. See 37 CFR 3.71.
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)

SIGNATURE of Applicant or Assignee of Record

Name	Craig Wightman (Applicant)		
Signature			
Date	4-16-04	Telephone	315.858.9649

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

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